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SECRETARY OF STATE ARIASSES FEORISS

APPROVED STRUCTURE

Chilips .

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: International So	ciety (of Human Dime	ension Analysis Inc
DOCUMENT NUMB	ER: N10000006496			
The enclosed Articles	of Amendment and fee are submi	tted for	filing.	
Please return all corres	pondence concerning this matter	to the f	ollowing:	
	Dr. Rus			
	(Name of Co	ontact P	'erson)	
	International Society of Hu			is Inc
	(Firm/ C	Compan	y)	
	. 16765 Fish	Hawk	Blvd.	
	(Ad	dress)	in .	
	Lithia, f	FL 335	47	
	(City/ State a	and Zip	Code)	
	Dr.Baker@ E-mail address: (to be used f			(cation)
For further information	concerning this matter, please c		·	oution)
Dr. Russell Baker		at (813) 662-10	067 time Telephone Number)
(Name o	f Contact Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check for	the following amount made pay	able to	the Florida Departme	ent of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	·	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend	g Address Iment Section on of Corporations	•	Street Address Amendment Section Division of Corpora	
P.O. Bo	ox 6327 ussee, FL 32314		Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

Articles of Amendment to Articles of Incorporation of



International Society of Human Dimension Analysis Inc (Name of Corporation as currently filed with the Florida Dept. of State)

N10000006496

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

 If amending name, enter the new name of the corp Council for National Intelligence 	
ne new name must be distinguishable and contain the obreviation "Corp." or "Inc." <u>"Company" or "Co." n</u>	
Enter new principal office address, if applicable:	16765 Fish Hawk Blvd.
Principal office address <u>MUST BE A STREET ADDR</u>	Suite 327
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	16765 Fish Hawk Blvd.
	Suite 327
. If amending the registered agent and/or registered	
Name of New Registered Agent:	lice address:
new registered agent and/or the new registered of	(Florida street address)
Name of New Registered Agent:	
Name of New Registered Agent:	(Florida street address), Florida (City) (Zip Code) ered Agent;

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			— -
E. If amen	nding or adding additional Artic additional sheets, if necessary).	eles, enter change(s) here: (Be specific)	
			
			

The date of each amendment	(s) adoption; <u>07/23/2010</u>	
Effective date if applicable:	(date of adoption is required) 07/23/2010	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	Af former UP Board OF Director	- <u>`</u>
hav	the chairman or vice chairman of the board, president or other officer-if direct e not been selected, by an incorporator – if in the hands of a receiver, trustee er court appointed fiduciary by that fiduciary)	ors
	Peter Farren (Typed or printed name of person signing)	
	VP Board of Directors (Title of person signing)	

Page 3 of 3